

PLACE OF BIRTH

1. County of Gila
 District of _____
 Town of Hayden
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 126
 County Registrar No. 64
 Local Registrar No. _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Concepcion Trujillo } If child is not yet named, make supplemental report, as directed.
 3. Sex of Child F. To be answered ONLY in event of plural births. } 4. Twin, triplet or other. 1st 6. Legitimate? Yes 7. Date of birth 9-7-27
 5. No., in order of birth. _____ Month 9 day 7 year 27

8. FATHER
 Full name Encarnacion Trujillo
 9. Residence (Usual place of abode) Hayden
 If nonresident, give place and state _____

14. MOTHER
 Full maiden name Joaquina Trujillo
 15. Residence (Usual place of abode) Hayden
 If nonresident, give place and state _____

10. Color or race Mex
 11. Age at last birthday 28 (Years)

16. Color or race Mex
 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Mex
 (State or country) _____

18. Birthplace (city or place) Mex
 (State or country) _____

13. Occupation
 Nature of industry Laborer

19. Occupation
 Nature of industry H. W.

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living _____
 (b) Born alive but now dead _____
 (c) Stillborn _____
 21. Were precautions taken against opthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 7 P.M. on the date above stated.
 (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
 Signature E. R. Winslow
 Address Hayden, Ariz.
 (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year. _____
 Filed Sept 10, 1927
 Local Registrar. _____

Registrar. _____

Filed _____
 County Registrar. _____

336-907-175